EXHIBIT C

Case 06-10725-0WZ D0C 8463-3 E	<u>ntered 06/15/11 17:02:43 Page 2 01 11 </u>
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	OOF OF CLAIM
Name of Debtor ALAN 6 PATTY & DONDERO Case N RELOCABLE TRUST 1992	lumber
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of
Name of Creditor and Address DONDERO, ALAN ALAN G DONDERO & PATTY J DONDERO	statement giving particulars Check box if you have never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A
TRUSTEES OF THE ALAN G & PATTY J DONDERO 1992 REVOCABLE TRUST 10120 W FLAMINGO RD STE #4-252 LAS VEGAS NV 89147-8394 (%46)592 8686	
Creditor Telephone Number () 702 - 740 - 5455	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces or a previously filed claim dated amends
	e benefits as defined in 11 U S C § 1114(a) Unremitted principal
Services performed Taxes Last fo	s salaries, and compensation (fill out below) Other claims against services (not for loan balances)
Money loaned Other (describe briefly) Unpaid	d compensation for services performed from
2 DATE DEBT WAS INCURRED 2004 3 IF	COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des	cribe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is	
entitled to priority	Bnef description of collateral
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other
entitled to priority	Value of Collateral \$ UNA
Amount entitled to priority \$ Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim, if any \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee belief, plan 11 0 0 0 3 contains	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
AT TIME CASE FILED	\$ 130,800
(unsecured) Check this box if claim includes interest or other charges in addition to the princip	(secured) (priority) (Total) al amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, running accounts, contracts court judgments mortgages, security agreeme DOCUMENTS If the documents are not available explain. If the documents	such as promissory notes purchase orders invoices itemized statements of ints, and evidence of perfection of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing o proof of claim	
The original of this completed proof of claim form must be sent by mai ACCEPTED) so that it is actually received on or before 5 00 pm, prevai for each person or entity (including individuals, partnerships, corporat governmental units) BY MAIL TO BY HAN	ling Pacific time, on November 13, 2006 USE ONLY Ions, joint ventures, trusts and
BMC Group Attn USACM Claims Docketing Center Attn US P O Box 911 Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center	
El Segundo CA 90245-0911 El Segu	undo CA 90245 USA CMC
SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any	
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Name of Debtor USA Commercial Mortgage Company NOTE: See Reverse for List of Debtors and Gase Numbers. This form should not be used to make a claim for an administrative expenses may be fled pursuant for 1 U S C § 503 Name of Cedebtor and Address. NAME of Cedebtor and Address. NAME OF CEDEBTOR AND SEED	Case 06-10725-gwz Doc 8463-3	3 Entered 06/15/11 17:0	02:43 Page 3 of 11
Name of Debtor USA Commercial Mortgage Company OF-10725-LBR ADDITIONAL Commercial Mortgage Company NOTE: See Reverse for List of Debtors and Clase Numbers This form should not be used to make a claim for an administrative expense of the company of the comp		PROOF OF CLAIM	VOUR CLAIM IS SCHEDULED AS
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BASIS FOR CLAIM			THIS SPACE IS FOR COURT USE ONLY
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Money loaned Other (describe bnefty) Unpaid compensation for services performed from (date) to (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed see reviews a few for my portary operations SECURED CLAIM SECURED NONPRIORITY CLAIM SECURED CLAIM SECURED CLAIM SECURED CLAIM SECURED CLAIM SECURED CLAIM SECURED PRIORITY CLAIM SECURED PRIORITY CLAIM SECURED CLAIM SECURED PRIORITY CLAIM SECURED PRIORITY CLAIM SECURED C	Services performed Taxes		(not for loan balances)
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STOTAL AMOUNT OF CLAIM AT TIME CASE FILED (unsecured) (secured) (secured) (pnonty) (ponty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary. 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) BY MAIL TO BMC Group. Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911 BY HAND OR OVERNIGHT DELIVERY TO BMC Group. Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) SIGN and print the name and title if any of the creditor or other person authorized to file TUSA CMC THE SIGN and print the name and title if any of the creditor or other person authorized to file TUSA CMC TOTAL TOTA	Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjusti	ment on 4/1/07 and every 3 years thereafter
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary. 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911 BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file USA CMC USA CMC USA CMC USA CMC 1072502451	5 TOTAL AMOUNT OF CLAIM \$ \$ 8		
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents. 7 SUPPORTING DOCUMENTS Attach copies of supporting documents. 8 DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT USE ONLY 8 PHAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245 DATE SIGN and print the name and title If any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) SIGN and print the name and title If any of the creditor or other person authorized to file 1072502451	(unsecured)	(secured)	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) SIGN and print the name and title if any of the creditor or other person authorized to file USA CMC IUSA CMC	Check this box if claim includes interest or other charges in addition to the	principal amount of the claim. Attach item	nized statement of all interest or additional charges
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) THIS SPACE FOR COURT USE ONLY THIS SPACE FOR COURT USE ONLY Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245 USA CMC USA CMC USA CMC USA CMC USA CMC USA CMC	7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docum</u> running accounts, contracts, court judgments, mortgages, security ag	nents, such as promissory notes purcl	hase orders, invoices, itemized statements of
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) THIS SPACE FOR COURT USE ONLY THIS SPACE FOR COURT USE ONLY Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245 FILED WAY 3 1 2007 USA CMC USA CMC 1072502451	8 DATE-STAMPED COPY To receive an acknowledgment of the fi		
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911 BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) 1072502451	The original of this completed proof of claim form must be sent b	by mail or hand delivered (FAXES N	OT THIS SPACE FOR COURT
BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)	ACCEPTED)		
5-29-07 this claim (attach copy of power of attorney if any) S-29-07 (wife Viernschier) Alexander Carrer 1072502451	BMC Group Attn USACM Claims Docketing Center P O Box 911 13	MC Group ttn USACM Claims Docketing Center 330 East Franklin Avenue	FILED MAY 3 1 2007
5-29-07 Gerie Vienscher 9 alerie Gerer 1072502451	DATE SIGN and print the name and title if any of the cri	editor or other person authorized to file	1104 0215
	this claim (attach copy of power of attorney	of any)	USA CMC
	Penalty for presenting fraudulent claim is a fine of up to \$500 000 of imprisonment for		1072502451 AND 3571

7M B10 (Official Form 10) (10/05)

	national and Alberta William		CONTRACTOR OF THE PROPERTY OF	
INITIED STATES BANKRUPTCY COURT	Dis	TRICT OF <u>NEVADA</u>	PROOF OF CLAIM	
Name of Debtor		Number		
USA COMMERCIAL MORTGAGE Co.	D	6-10725		
NOTF This form should not be used to make a claim for an adminis			Į.	
of the case. A "request" for payment of an administrative expense ma	y be filed p	oursume to 11 U.S.C. § 503	f	
Name of Creditor (The person or other entity to whom the		k box if you are aware that anyone	eggelonomer i	
debtor owes money or property) ED ARNULD TRA	else	has filed a proof of claim relating to		
through FIRST NURTHERN RANK	your	claim Attach copy of statement g particulars.	1) 1)	
eassesses and delegated the second of the se		ck box if you have never received an	y	
Name and address where notices should be sent ROBERT C. LEPOME	notic	es from the bankruptcy court in this		
10/20 S. EASTERN # 200	Case.	ck box if the address differs from the		
HENDERSON, NV 89052		ess on the envelope sent to you by	THIS SPACE IS FOR COURT	
Telephone number (7 % 4 92 - 127/	Acres and the second	COURL		
Last four digits of ac content number by which creditor identifies debtor		ck here replaces as claim amends a previously f	iled claum, dated:	
1 Basis for Claim GENERAL UNSE	ECHRED	Retiree benefits as defined in		
Goods som	41	Wages, salaries, and compen Last four digits of your SS #		
Services performed Money loaned	7	Unpaid compensation for se		
Personal mjury/wrongful death		from	_ to	
Taxes NEGLICENCE & FRAUD		(date)	(date)	
2. Date debt was incurred JAN 1, 2005	13.	if court judgment, date obtain	ei	
TO APRIL 12, 2006				
4. Classification of Claim. Check the appropriate box or boxes the	har best des	cribe your claim and state the amou	nt of the claum at the time case flico	
See reverse side for important explanations.		Secured Claim		
Unsecured Nonpriority Claim 5 2 5,000		Check this box if your class	n is secured by collateral (including	
Check this pox if. a) there is no collateral or lien securing you	or claim, or	a right of setoff)		
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	HOIR OF	Brief Description of Collate	cral	
Unsecured Priority Claun	~ee>ee>e0>e0	☐ Real Estate ☐ Moto		
Check this box if you have an unsecured claim, all or part of	which is	Value of Collateral \$		
entitled to priority			narges at time case file o whiced in	
Amount entitled to priority		secured claim, if any \$	and the second of the second o	
Specify the priority of the claim.	П	Up to \$2,225* of deposits toward p	ourchase, lease, or rental of property	
Domesuc support obligations under 11 U.S.C. § 507(a)(1)(A)		or services for personal, family, or	household use - 11 U S.C.	
(a)(1)(B)		§ 507(a)(7)	nental uruts - 11 USC § 507(a)(8)	
☐ Wages, salaries, or commissions (up to \$10 000),* carned with	m 180 m	Other - Specify applicable paragraph		
days before filing of the bankruptcy petition or cessation of the debibusiness, whichever is earlier - 11 U.S.C. § 507(a)(4)	tor's	nounts are subject to adjustment on		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a	7	with respect to cases commenced or		
5. Total Amount of Claim at Time Case Filed	-/\\-\/_ >//\	25.000		
	*	(secured)	(pnonty) X 4 X X	
Check this box if claim includes interest or other charges in ad- interest or additional charges.	dition to th	e principal amount of the claim. Air	ach itemized statement of 21	
		-1 4.4 16		
 Credits: The amount of all payments on this claim has been making this proof of claim. 	i credited 8	na acancica for the barbase of	THIS SPACE IS HOR CHART USE ONLY	
7 Supporting Documents: Attach copies of supportune docum	ents such	as momissory notes muchan		
orders, invoices remized statements of running accounts, contri	acts count:	Indoments morteces accesses		
agreements, and evidence of perfection of lien. DO NOT SEN	D ORIGIN	AL DOCUMENTS IF the		
documents are not available, explain if the documents are voluments				
 Date-Stamped Copy To receive an acknowledgment of the fit addressed envelope and copy of this proof of claim. 	ling of you	r claim, enclose a stamped, self-	FILED DEC 1 1 200	
Date Sign and print the name and rule if any of the creative court				
file this claim (attach copy of power of attach	mey if any	1		
-/11/06 0 11000		BAR# 1980		
ROBERT C. LEFOME, A	MYF	OR GLAIMANT	USA CMC	
Penalty far presenting fraudulent claim. Fine of up to \$500 000 or i	mprisonmer	ut ic. up to 5 years or mak 18119	1072501554	
			<u>→</u> 1012001004	

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT DI	STRICT OF NEVADA	PROOF OF CLAIM		
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number BK-S 06-10725-LBR	RECEIVED		
NOTE: This form should not be used to make a claim for an administration of the case. A "request" for payment of an administrative expense may be	filed pursuant to 11 U.S.C. § 503.	1		
Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else has filed a proof of	3 41 (11 09)		
CARDWELL FAMILY TRUST C/O JAMES B. CARDWELL & REBA		(1) 查看文色相译符号等。并写《2016年 1000年 1900年 190		
Name and address where notices should be sent:	☐ Check box if you have never	ALKAN .		
c/o Michael J. Dawson, Esq.	received any notices from the bankruptcy court in this case.			
515 South Third Street Las Vegas, NV 89101	Check box if the address differs	Mag		
Telephone number: (702) 384-1777	from the address on the envelope sent to you by the court.	This space is for court use only		
Account or other number by which creditor identifies debtor: s31670	Check here replaces if this claim amends a previ	ously filed claim, dated:		
1. Basis for Claim		0.0.0.1114()		
Goods sold Services performed	Retiree benefits as defined in 11 U Wages, salaries, and compensation			
Money loaned	Last four digits of SS #: Unpaid compensation for ser	vices performed		
Personal injury/wrongful death Taxes	from to	· · · · · · · · · · · · · · · · · · ·		
Other	(date)	(date)		
2. Date debt was incurred: Various	3. If court judgement, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ \$2,329.94	\$3,224,465.88	3,226,795.82		
(unsecured If all or part of your claim is secured or entitled to priority, also	, , ,	(Total)		
Check this box if claim includes interest or other charges in add	ition to the principal amount of the claim. Attach	temized statement of all		
interest or additional charges. 5. Secured Claim.	7. Unsecured Priority Claim.			
	Check this box if you have an	unsecured priority claim		
Check this box if your claim is secured by collateral (including a right of setoff).	Amount entitled to priority \$			
Brief Description of Collateral:	Specify the priority of the clai	m: ons (up to \$4,925),* earned within 90		
☐ Real Estate ☐ Motor Vehicle	days before filing of the bank	ruptcy petition or cessation of the		
Other	· [is earlier - 11 U.S.C. § 507(a)(3). benefit plan - 11 U.S.C. § 507(a)(4).		
Value of Collateral: \$ Unknown		ward purchase, lease, or rental of		
Amount of arrearage and other charges at time case filed included in	property or services for person § 507(a)(6).	nal, family, or household use - 11 U.S.C.		
secured claim, if any: \$	Alimony, maintenance, or su	pport owed to a spouse, former spouse		
6. Unsecured Nonpriority Claim \$ \$2,329.94	or child - 11 U.S.C. § 507(a)			
Check this box if: a) there is no collateral or lien securing your	Other - Specify applicable po	overnmental units - 11 U.S.C. § 507(a)(8). ragraph of 11 U.S.C. § 507(a)().		
claim, or b) your claim exceeds the value of the property securing it, if c) none or only part of your claim is entitled to priority.	or	nt on 4/1/07 and every 3 years thereafter with		
	respect to cases commenc	ed on or after the date of adjustment.		
8. Credits: The amount of all payments on this claim has been credited this proof of claim.	and deducted for the purpose of making	This space is for court use only		
9. Supporting Documents: Attach copies of supporting documents				
orders, invoices, itemized statements of running accounts, court judgements, mortgages agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.				
To receive an acknowledgement of the filit addressed envelope and copy of this proof of claim.				
	if any, of the creditor or other person authorized t			
this claim (attach egpy of power 11-13-06	USA CMC			

Case 06-10725-gwz Doc 8463-3 Entered 06/15/11 17:02:43 Page 6 of 11 FORM B10 (Official Form 10) (10/05)

UNITED STATES BA	NKRUPTCY COURT DISTRICT OF NEV	'ADA (Las Vegas)		PROOF OF CLAIM
Name of Debtor					
USA Commercia	l Mortgage Company	06-10725-LBR			
NOTE This form should of the case A "request"	d not be used to make a claim for an administ for payment of an administrative expense ma	rative ex	opense arising after ed pursuant to 11 U		
debtor owes money or p		els	eck box if you are a te has filed a proof o ur claim Attach co	f claim relating to	
CK Khury and Ire May 10, 2005	ne K Bass Family Trust dated	gn	ving particulars leck box if you have		
Name and address when			tices from the bankr		
Hale Lane Peek Dennise	on and Howard		eck box if the addre	ss differs from the	
3930 Howard Hughes P Las Vegas Nevada 891		ad	dress on the envelop		
Telephone number 702		the	court		THIS SPACE IS FOR COURT USE ONLY
	ant or other number by which creditor	Check		replaces	
	ecount ID 6759	ıf thıs	claim	a pre	viously filed claim, dated
1 Basis for Claim		L			
☐ Goods sold				efined in 11 USC § 1	
☐ Services perform ☐ Money loaned	ned	L W	'ages, salaries, and ist four digits of SS	compensations (fill ou	t below)
Personal injury/	wrongful death	U	npaid compensation	ns for services perform	ned
☐ Taxes		fr	om(date)	to (date)	
2 Date debt was incu	rred 12/6/02	3 If	court judgment, t		
4 Classification of Cl	aim Check the appropriate box or boxes that	hest de	scribe your claim a	nd state the amount of	the claim at the time case filed
1	important explanations	000000	Secured Claim		
Unsecured Nonpriority	Claim \$ Unknown (see Attachment A)		1		
a) Check this box if a) there is no collateral or lien securing your claim, or Check this box if your claim is securing your claim, or				ured by collateral (including	
b) Your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority a right of setoff) Brief Description of Collateral					
Unsecured Priority Claim Unsecured Priority Claim				Other	
1	ou have an unsecured claim, all or part of whi	ch 1s	Value of Co	· · · · · · · · · · · · · · · · · · ·	
entitled to priority	•		Amount of arrea	rage and other charges	at time case filed included in
Amount entitled to prior	·		<u> </u>		
Specify the priority of the					urchase, lease, or rental of property household use — 11 USC
(a)(1)(B)	obligations under 11 U S C § 507(a)(1)(A) or		§ 507(a)(7)		
	commissions (up to \$10,000) * earned within		Taxes or ben	alties owed to governing	nental units - 11 U.S.C. § 507(a)(8)
	bankruptcy petition or cessation of the debtor arlier — 11 USC § 507(a)(4)	S			4/1/07 and every 3 years thereafter after the date of adjustment
Contributions to an	employee benefit plan — 11 U S C § 507(a)	(5)			
5 Total Amount of Cl	aim at Time Case Filed		\$ <u>Unknown</u> (unsecured)	(secured)	\$ Unknown (priority) (Total)
Check this box if clar interest or additional	m includes interest or other charges in addition	on to the	` ,	` ,	4 77
	nt of all payments on this claim has been credi	ited and	deducted for the pr	urpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of Supporting Docume		guch an	nromiceon notes	nurchase	
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages security					
	lence of perfection of hen DO NOT SEND (S If the	
documents are not available, explain. If the documents are voluminous attach a summary 8 Date-Stamped Copy To receive an acknowledgement of the filing of your claim, enclose a stamped, self-					
addressed envelope and copy of this proof of claim					
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)					
January 10, 2007	/s/ Scott D Fleming, Esq	=	- -		
	, ———				USA CMC

UNITED STATES BANKRUPTCY COURT	Dis	TRICT	OF	Nevada		
Name of Debtor				- totala		PROOF OF CLAIM
	1	Numbe	-	715-1 AD		
NOTE This form should not be used to make a claim for an administration					ment	
of the case A request for payment of an administrative expense ma					(a)C1)E	
Name of Creditor (The person or other entity to whom the				ou are aware that any		
DEEDRA COCK, HUSBAND AND WIFE, AS	1			proof of claim relating tach copy of stateme	~	
JOINT JEMANTS WITH RIGHTS OF SURVINGESHIP		ng part				
Name and address where notices should be sent				ou have never receive		
ALDON G. Cook	case		om tr	ne bankruptcy court ii	n (MS	
1435 E VENICE AUE # 161 UENICE FL 34291				e address differs from		
Telephone number 941 - 491 - 4955	1	ress on court.	ı ıne	envelope sent to you	υy	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	4	ck her		replaces		3 13 51
identifies debtor	ıf th	us clau	m	amends a previou	sly filed	claim, dated <u>/ ~ - / 2 -</u> 06
1 Basis for Claim				rree benefits as defin		
Goods sold				ges, salaries and cor it four digits of your		
Services performed Money loaned		-		paid compensation for		
Personal injury/wrongful death			froi	m	to	-
Other SEE EXHIBIT A				(date)		(date)
2. Date debt was incurred.	3.	If c	ourt	judgment, date ob	tained-	
114-c5			· ·	Judgmoney and ou	*******	
4 Classification of Claim. Check the appropriate box or boxes th	at best des	scribe y	your	claim and state the a	mount o	f the claum at the time case filed
See reverse side for important explanations.				d Claim		
Unsecured Nonpriority Claim \$ 140, 687		П	C	heck this box if your	claım ıs :	secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or						
only part of your claim is entitled to priority			В	nef Description of Co	ollateral	
Unsecured Priority Claim			r		Motor Ve	_ 1.1
Check this box if you have an unsecured claim all or part of which is Value of Collateral \$ 1,339. To						
Amount of arrearage and other charges at time case filed included in secured claim, if any \$ \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \)						
Amount entitled to priority \$		L				
Specify the priority of the claim	Ц	Up to or ser	\$2.5 vice	225* of deposits towards for personal family	ard purch	hase lease or rental of property sehold use - 11 USC
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) c. (a)(1)(B)	or \Box	§ 507	(a)(7)		
Wages, salaries, or commissions (up to \$10 000) * earned within	n 180 ☐			_		al units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C § 507(a)(4)	or's		-			f 11 U S C § 507(a)()
Contributions to an employee benefit plan - 11 U.S C § 507(a)						07 and every 3 years thereafter after after the date of adjustment
5 Total Amount of Claim at Time Case Filed.		11/2	20	10,cb 142,790	0/-	1118 70- 7.7
	•	(unse	turec	(secured)	(pr	<u>14よ、790,06</u> nonty) (Total)
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
6. Credits The amount of all payments on this claim has been	credited a	and dec	duct	ed for the purpose of	Т	HIS SPACE IS FOR COURT USE ONLY
making this proof of claim 7 Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase						
7 Supporting Documents. Attach copies of supporting docum orders invoices itemized statements of running accounts, contra	enis, such acts, court	as pro	miss ente	ory notes, purchase mortgages, security		
agreements, and evidence of perfection of lien DO NOT SEN	ID ORIGI	NAL E	OC	UMENTS If the		4 0 000
documents are not available, explain If the documents are volu	minous at	tach a	sum	mary	FI	LED JAN 12 200
8 Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim	ling of you	ır claır	n, er	iclose a stamped self	· '	
Date Sign and print the name and title, if any, of the creditor or other person authorized to						
file this claim (attach copy of power of atto	mey, if an	y)				
1.11.07 Allack A.G.C.	201					USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or		nent for	r up	to 5 years or both	8 U.S.C	1072502173

Case 06-10725-gwz Doc 8463-3 Entered 06/15/11 17:02:43 Page 8 of 11

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT Nevada DISTRICT OF Nevada

UNITED STATES BANKRUPTCY COURT Nevada	DISTRICT OF Nevada	
Name of Debtor USA Capital Mortgage Company, Inc	Case Number BK-S-06-10725-LBR	PROOF OF CLAIM E-Filed 8-9-06
NOTE This form should not be used to make a claim for an administra of the case A 'request" for payment of an administrative expense may be	1	
Name of Creditor (The person or other entity to whom the debtor owes money or property) JAMES CORISON	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars	-
Name and address where notices should be sent JAMES CORISON P O BOX 21214 RIVERSIDE, CALIFORNIA 92516 Telephone number	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here replaces	
Identifies debtor Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes	If this claim amends a previously file Retiree benefits as defined in 11 Wages, salaries, and compensat Last four digits of your SS # Unpaid compensation for service from to	1 USC § 1114(a) tion (fill out below) ces performed
Other	(date)	(date)
2 Date debt was incurred 11/24/2003	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that See reverse side for important explanations Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of whice entitled to priority Amount entitled to priority \$ Specify the priority of the claim. Domestic support obligations under 11 U S C § 507(a)(I)(A) or	Secured Claim Check this box if your claim is so a right of setoff)- Brief Description of Collateral Real Estate Motor Ve Value of Collateral \$ 1,023,00 Amount of arrearage and other charges secured claim, if any \$ Up to \$2,225* of deposits toward purce	chase, lease, or rental of property
(a)(l)(B) Wages, salaries, or commissions (up to \$10,000),* earned with days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 U S C § 507(a)(4)	Taxes or penalties owed to governmenta in 180 Other - Specify applicable paragraph of	of 11 USC § 507(a)()
Contributions to an employee benefit plan - 11 U S C § 507(a)	with respect to cases commenced on or	r after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$ 1,023,000 00	1,023,000 00
Check this box if claim includes interest or other charges in add interest or additional charges	lition to the principal amount of the claim Attach	ority) (Total)
6 Credits The amount of all payments on this claim has been co	redited and deducted for the purpose of THI	IS SPACE IS FOR COURT USE ONLY
making this proof of claim Supporting Documents Attach copies of supporting document orders, invoices, itemized statements of running accounts, contract agreements, and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluments are not available, explain if the document of the final documents are voluments are voluments are not available, explain if the document of the final documents are voluments.	nts, such as promissory notes, purchase ts, court judgments, mortgages, security D ORIGINAL DOCUMENTS If the uminous, attach a summary	filed date 819106
Date Sign and print the name and title, if any of the file this claim attach copy of power of attorned to the property for presenting fraghilety claim. Fine of up 15500 000 or impressed	e creditor or other person authorized to ey, if any) James Corison	USA CMC 1072500092

American LegalNet, inc www USCourtForms com

UNITED STATES BANKAUPTOWZOUROC 8463- DISTRICT OF NEVADA	3 PRC	of of Claim		
	<u> </u>			AIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim II	
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classifica	. No dimite
]		\$25 903 59 Unsed	we dispate this #.
NOTE See Reverse for List of Debtors and Case Numbers			7	= Thus H.
This form should not be used to make a claim for an administrative explansing after the commencement of the case. A request for payment		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of		sted above constitute your claim as
Name of Creditor and Address 113212400	000201	statement giving particulars Check box if you have	you agree with the other claim against	lebtor or pursuant to a filed claim. If amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below.
TODD DAVIS 360 W. 55th St Apt 1G	- 1	never received any notices from the bankruptcy court or	t '	own above are listed as Contingent
New York, NY 10019	į	BMC Group in this case		sputed, a proof of claim must be
]	Check box if this address	1	eady filed a proof of claim with the
		envelope sent to you by the court		or BMC you do not need to file again
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies	dobtor	Court	THIS SPAC	E IS FOR COURT USE ONLY
4670 394)	deptor	Check here repla	. a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, s	salaries and compensation	(filt out below)	Other claims against services (not for loan balances)
Services performed Taxes Money loaned Other (describe briefly)		digits of your SS #		(not for loan balances)
Money loaned Other (describe briefly) SEE ATTACHED	Unpaid co	ompensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF CO	OURT JUDGMENT, DATE O	BTAINED	(dato) (odio)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best describ	e your claim and state the amou	nt of the claim at the	time case filed
LINSECURED NONPRIORITY CLAIM \$ 575,000.00		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) y		Check this box if y a right of setoff)	our claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ır ciaim is	Brief description of	f collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		KNOWN
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$ 575,06	08.80
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits toward services for personal family of		
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	П	Taxes or penalties owed to go		Ŧ ,,,,
business whichever is earlier 11 U S C § 507(a)(4)	ŏ	Other Specify applicable part		- ,,,,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$ 575,000.00 \$	575.0	be ob \$		\$ 575,000.00
AT TIME CASE FILED (unsecured)	(5)	ecured)	(pnority)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim. Attach ite	emized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting docu		, ,	• •	
running accounts, contracts court judgments, mortgages security DOCUMENTS if the documents are not available, explain. If the	agreement documents	s, and evidence of perfection are voluminous attach a si	n of lien DO NO ummary	OT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim, enclose a stampe	ed, self addresse	d envelope and copy of this
The original of this completed proof of claim form must be ser				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,				USE ONLY
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO	,	
BMC Group Attn USACM Claims Docketing Center	Attn USA	up .CM Claims Docketing Cent	er	ED JAN 1 3 2007
P O Box 911	1330 East Franklin Avenue FILEU JAN 1			
El Segundo CA 90245 0911 DATE SIGN and print the name and title if any of the				USA CMC
this claim (attach copy of power of attorn		ERVEN T. ME	LEN	
1-12-07 When 1 Helson, atte	mey		TERNEY	1072502330

FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court	DISTRICT OF Nevada	DBOOL OF OLARY		
Name of Debtor	Case Number	PROOF OF CLAIM		
USA COMMERCIAL MORTCAGO CO	06-10725- LBR			
NOTE This form should not be used to make a claim for an admini				
of the case. A request" for payment of an administrative expense ma	y be tiled pursuant to II USC § 301			
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone else has filed a proof of claim relating to			
12 ANN R DERY, HUSBAND IN IFIC	your claim. Attach copy of statement			
	giving particulars Check box if you have never received any			
Name and address where notices should be sent	notices from the bankrupicy court in this			
1960, VAN AKEN BIVO	Check box if the address differs from the			
SHAKER / HT3, OH 44122 Telephone number 216/283-2505	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor	Check here replaces			
identifies debtor	of thus claim amends a previously filed	claim dated		
1 Basis for Claim	Retiree benefits as defined in 1			
Goods sold Services performed	Wages, salaries, and compensal Last four digits of your SS # _	ton (fill out below)		
Money loaned	Unpaid compensation for servi			
Personal injury/wrongful death Taxes	fromt	(date)		
Taxes SEE EXACIT A	(date)	(cate)		
2. Date debt was incurred MARCH 2001	3. If court judgment, date obtained			
4 Classification of Claim. Check the appropriate box or boxes th	nt best describe your claim and state the amount of	of the claum at the time case filed		
Unsecured Nonpriority Claim \$4,396,673	Secured Claum			
Check this box if a) there is no collateral or lien securing won	claim, or a right of setoff)	secured by collateral (including		
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority				
Unsecured Priority Claum	Brief Description of Collateral Real Estate Motor V			
Check this box if you have an unsecured claim all or part of v	Mills of Clause and A LLA			
entitled to priority	Amount of arrearage and other charg	es at time case filed included in		
Amount entitled to priority \$	secured claim, if any \$22,92	5, 39		
Specify the priority of the claim	Up to \$2 225* of deposits toward pure			
Domestic support obligations under 11 U S C. § 507(a)(1)(A) a	or services for personal family, or hou § 507(a)(7)	senor use - 11 U 5 C		
Wages salaries, or commissions (up to \$10,000),* earned within	Taxes or penalties owed to governmen			
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C § 507(a)(4)	or's Uniter - Specify applicable paragraph of			
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	*Amounts are subject to adjustment on 4/1/ with respect to cases commenced on of			
5. Total Amount of Claim at Time Case Filed	10). 1/, 396, 673 85 14 1, 396, 673	.86 \$1,396,673.86		
(Inscored) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all				
interest or additional charges. 6. Credits: The amount of all payments on this claim has been	credited and deducted for the numero of	Time Character are come Character 12 - Character		
making this proof of claim.		FHIS SPACE IS FOR COURT USE ONLY		
7 Supporting Documents: Attach copies of supporting documents	ents, such as promissory notes, purchase			
orders, invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the				
documents are not available, explain. If the documents are voluminous, attach a summary				
8. Date-Stamped Copy. To receive an acknowledgment of the fiting of your claim, enclose a stamped, self- addressed envelope and copy of this proof of claim				
Date / Sign and print the name and title, if any, of the creditor or other person authorized to NAN L L ZUU/				
file this claim (attach copy of power of attor	ney, if any)			
110/04 As I le		USA CMC		
Penalty for presenting fraudations claim. Fine of up to \$500,000 or	impresonment for up to 5 years, or both. 18 U.S.C.			
(}	1072502063		

UNITED STATES BANKRUPTCY COURT	Dı	STRICT (OF_	Nevada		PROOF OF CLAIM
lame of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR						
NOTE This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense man	strative ex ay be filed	pense arisi pursuant	ing a	fter the commencement USC § 503	nt	
Name of Creditor (The person or other entity to whom the debtor owes money or property) Donna M Cangelosi, Trustee of the Donna M Cangelosi Family Trust	else you	e has filed ir claim / ing particu	a pro Attaculars	are aware that anyone oof of claim relating t h copy of statement	lo	
Name and address where notices should be sent Donna Cangelosi 5860 Lausanne Drive Reno, Nevada 89511	not cas Che	ices from e eck box if	the t	have never received a pankruptcy court in the address differs from the	าเร	
Telephone number (775) 530-7079	the	court.		velope sent to you by	1	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor		eck here nis claim	\vdash	eplaces amends a previously	filed cl	arm dated 12/12/06
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A		Uı	ages ast fo	e benefits as defined salaries and compe our digits of your SS d compensation for s (date)	ensation #	(fill out below)
2 Date debt was incurred March, 2001	3.	If cour	t ju	dgment, date obtair	ned	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 768,560 86 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier - 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)	r claim, or none or thich is	Amour secured Up to \$2 or service \$ 507(a)(Taxes or sounts are	ed (Checo of s Of s Of s Of s Of s Of s Of s Of s O	k this box if your claimetoff) Description of Collaimeal Estate Mote of Collateral \$_t\$ arrearage and other claim if any \$_13,17 * of deposits toward if personal family, or claimes owed to governify applicable paragrage to adjustment on	teral or Vehicunknor harges a 78 21 purchas househ mental i ph of 1	cured by collateral (including cle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed		768,56	d)	(secured)	(prior	768,560 86 (Total)
Check this box if claim includes interest or other charges in additional charges					tach ite	mized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contract agreements and evidence of perfection of lien DO NOT SENI documents are not available explain If the documents are voluments are not available explain If the documents are voluments are not available explain If the documents are voluments are not available explain If the documents are voluments are not available explain If the documents are voluments and copy of this proof of claim. Date Sign and print the name and title if any of the file thus claim (attach copy of power of attornaments).	nts, such a cts court J O ORIGIN ninous, attaining of your	udgments IAL DOC ach a sum r claim, er	sory s, mo CUM mary nclos	notes, purchase ortgages security ENTS If the		SPACE IS FOR COURT USE ONLY D JAN 10 200
Penalty for presenting fraudulent clause the control of \$500,000 and	lon	95	11	ustee	! - !!!!! !!!!	USA CMC